

## 06.16a Care plan for looked after children.

This form must be used alongside the individual child's registration form which contains further details.

| Name of child   |  | Date of |  |  |
|---|--|---------|--|--|
|   |  | birth:  |  |  |
| Child's address   |  |         |  |  |
|   |  |         |  |  |
| Contact information for main carers   |  |         |  |  |
| 1. Name   |  |         |  |  |
| Relationship to child   |  |         |  |  |
| Phone numbers   |  |         |  |  |
| 2. Name   |  |         |  |  |
| Relationship to child   |  |         |  |  |
| Phone numbers   |  |         |  |  |
| Any additional healthcare needs (give details and complete 04.2a Health care plan form, |  |         |  |  |
| if required)  |  |         |  |  |
|   |  |         |  |  |
|   |  |         |  |  |
| Social Care/Social Worker   |  |         |  |  |



| Name   |           |  |  |  |
|--|-----------|--|--|--|
| Phone no.  |           |  |  |  |
| GP/Doctor  |           |  |  |  |
| Name   |           |  |  |  |
| Phone No.  |           |  |  |  |
| Details of professionals meeting convened at start of placement (include date of                     |           |  |  |  |
| meeting, names of agencies/professionals attending and any special considerations for                |           |  |  |  |
| the child)   |           |  |  |  |
|  |           |  |  |  |
| Risk assessment required?  | Yes or No |  |  |  |
| If yes, include details here, including date completed:  |           |  |  |  |
|  |           |  |  |  |
| Daily care requirements e.g. before meals/going outdoors   |           |  |  |  |
|  |           |  |  |  |
|  |           |  |  |  |
| Describe what constitutes an emergency for the child and what actions are to be taken if this occurs |           |  |  |  |



| UNCOCHUUD   |                                  |                         |  |  |  |
|---|----------------------------------|-------------------------|--|--|--|
|   |                                  |                         |  |  |  |
|   |                                  |                         |  |  |  |
| Name(s) of staff responsible for an emergency situation with this child |                                  |                         |  |  |  |
|   |                                  |                         |  |  |  |
| The child's carer and key person  | must sign below to indicate that | the information in this |  |  |  |
| plan is accurate and the carer ag                                       | rees for any relevant procedures | to be followed.         |  |  |  |
| Carer's name  | Signature                        | Date                    |  |  |  |
| Key person's name   | Signature                        | Date                    |  |  |  |
| Setting manager's   | Signature                        | Date                    |  |  |  |
| name  |                                  |                         |  |  |  |
| Review completed (at 2 weeks, 6   | weeks, 3 months onwards)         |                         |  |  |  |
| Carer's name  | Signature                        | Date                    |  |  |  |
| Key person's name   | Signature                        | Date                    |  |  |  |
| Setting manager's   | Signature                        | Date                    |  |  |  |
| name  |                                  |                         |  |  |  |
| Copies circulated to:   |                                  |                         |  |  |  |
| Carers  |                                  |                         |  |  |  |
| Other agencies/professionals  |                                  |                         |  |  |  |
| Child's personal records (with reg                                      | istration form)                  |                         |  |  |  |

